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A Convict's Perspective on Hans Toch's Essay, "Providing Sanctuary in New York State Prisons"

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Abstract

The author responds to Hans Toch's, "Providing Sanctuary in New York State Prisons," recommending that "incarcerated thinkers," already the "informal" counselors and therapists in prisons, receive formal training and be incorporated into treatment teams for mentally disturbed and other disadvantaged inmates.

Keywords

mentally disturbed inmates, intermediate care units, incarcerated thinkers

Introduction

Criminologist Hans Toch is an accomplished scholar and seasoned writer. He has been making contributions to his field of study for more than half a century, and the flow of such contributions has not stopped. The fact that his career and his commitment to the advancement of criminology span several decades is evidence of both his intellectual vitality and his ability to articulate his thoughts. I am in awe of his work and his career's longevity, and I am thoroughly inspired by his scholastic achievements and his literary resume.

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Toward the top of his resume is his article in this issue of *The Prison Journal*, "Providing Sanctuary in New York State Prisons." In this essay, Dr. Toch presents the activities and dialogue from a 1975 workshop he attended with some associates. He posits that the workshop's purpose was to provide a setting for prison staff to consider ways to arrange for especially vulnerable inmates—disadvantaged prisoners—those who had either been targets of predatory peers or individuals troubled by mental disturbances and social deficiencies. From the workshop participants' discussion, Dr. Toch notes the need for additional evaluation and diagnostic expertise, mechanisms that must be in place so that such prisoners can to first be classified as disadvantaged and vulnerable.

Officers in the Workshop

Following the recognition of the need for evaluation and diagnosis, Toch next discusses how corrections officers contribute to the classification process. This is built on the presumption that in classifying prisoners, corrections officers play a vital role in terms of their input, as they are the people around the prisoners most often and are, therefore, in the best position to make observations about a prisoner's state of mind. Toch briefly delves into this presumption by questioning whether or not correctional officers' job descriptions will affect their willingness to participate in the aforementioned classification process. He basically questions whether or not these custodial officers will feel empowered to concern themselves with more than just basic custody issues—and prisoner vulnerability issues are not.

Deeming the input of correctional officers as vital to the process of classifying prisoners as disadvantaged, vulnerable, or socially dysfunctional was quite sensible. Relative to the other participants, officers in the workshop did have continuous contact with prisoners, and they were, in fact, better positioned to make observations about prisoners' states of mind. This fact is quite obvious; however, what is not quite so obvious is the most significant way in which the input of correctional officers could have been refined and clarified—by enhancing their input with that of *incarcerated thinkers.*

Who Are Incarcerated Thinkers?

Incarcerated thinkers are a prison's intellectuals. They are the most evolved and erudite members of the incarcerated body politic. They are usually well-read, well-spoken, and psychologically sophisticated; most have managed to cultivate and/or maintain high levels of social and emotional intelligence, despite their confinement. Most pertinently, they have very intimate vantage

points, and they see and interact with disadvantaged, vulnerable, and socially or mentally disturbed prisoners in ways that no other group can.

It is also worth noting that despite being frustrated with administrative abuse, caught in the grips of abnormal pathologies, haunted by shameful pasts, and lost in their conditions, dysfunctional and vulnerable prisoners still trust incarcerated thinkers in ways that cannot be duplicated. Oftentimes, after enduring abuse or mistreatment at the hands of either convicts or prison staff, these socially or mentally disturbed detainees often turn to incarcerated thinkers for comfort, sympathy, and guidance. They often view them as prison's only human vessels of empathy, understanding, compassion, and as their only personal sources of soulful relief and emotional release. Such a viewpoint invites and facilitates an authenticity and an openness that is exclusive to these two groups of inmates, coupled with close and personal contact with their vulnerable counterparts. This makes incarcerated thinkers' observational authority complementary to (and as substantial as) that of corrections officers.

Dr. Toch and his fellow workshop participants would have likely enjoyed exploring these open and authentic avenues of interaction. They would have undoubtedly yielded more significant fruit had they tapped deeper into this wellspring of empirical information by linking correctional officers' input with that of incarcerated thinkers. I also believe that the absence of such a link contributed to Intermediate Care Units' (ICUs) failure to accomplish their stated goals.

The Failure of ICUs

Toch identifies ICUs as examples of the prison settings the workshop was convened to consider. More precisely, he refers to them as the "residential mental health treatment units that probably have come closest to the enterprise we conceived of in our workshop . . ." He goes on to further define them as " . . . informal residential therapeutic communities [which] function as enriched, low-pressure enclaves for prisoners who would otherwise have difficulty dealing with the challenges of prison life" (Toch, 2016; p. 6).

Dr. Toch dedicates a significant amount of the rest of his essay to outlining the workshop's reflection on ICUs. He touches on topics ranging from the involvement of correctional officers, the misbehaviors of ICU residents, and the notion of helping these residents transition back into the general prisoner population—to whether these units function as progressive therapeutic communities or as mere asylums. Furthermore, Toch discusses the importance of satisfying basic safety-related needs, and the mechanics associated with focusing on more than such basic need satisfaction. Toch then goes on to tell

his readers that these ICUs, despite earning close to the enterprises conceived of in the workshop, eventually proved to be failed experiments. He maintains that New York's ICUs simply did not contribute to the habilitation of disadvantaged and vulnerable prisoners, nor prepare said prisoners for life in the general prison population in any demonstrable or quantifiable way. He writes that " . . . in retrospect, it appears that ICUs have been less than effective in serving as asylums" (Toch, 2016; p. 10). He supports this by referring to ICU residents' reluctance to participate in any self-improvement, developmental, or programmatic activities " . . . that could expedite or facilitate early release and reintegration and allow for a cumulative de-emphasis of one's disability and pathology . . . " (Toch, 2016; p. 10). This reluctance, according to Toch, was understandable because New York's ICUs were operating like smooth-sailing ships in the eyes of their residents and administrators, and nobody wanted to rock the boat by pushing for more involvement in developmental progression. Unfortunately, this very same reluctance, among other things, may " . . . have produced an ameliorated version of where we started—the protracted warehousing of offenders who may pose very little risk, but from whom not much of a contribution can be expected" (Toch, 2016, p. 11).

According to Toch, New York's ICUs failed to produce the fruit that therapeutic communities are intended to produce, despite their concentrated implementation and administration. The implementation of New York-style Intermediate Care Programs in North Carolina, therefore, means taking a gamble. It means expending loads of financial aid and human resources in an effort to meet the needs of disadvantaged and vulnerable convicts in a way that could lead to the creation of regressive asylum-like settings. The conservative Tar Heel State simple does not have the political will to risk wasting resources by gambling with odds obviously not in its favor. I propose improving these odds by augmenting and expanding the reach of the ICU model through the incorporation of incarcerated thinkers.

Conclusion

As I have indicated previously, incarcerated thinkers already serve as informal therapists and counselors. Through thoughtful cost-cutting and the consideration of innovative educative vehicles, resources can be "found" to further equip incarcerated thinkers with basic yet proven therapy tools. I am generally speaking of fundamental insight and behavior therapies and techniques such as free association (i.e., allowing someone to spontaneously express their thoughts and feelings exactly as they occur with as little censorship as possible) to gather clues about what is going on in vulnerable prisoners' subconscious minds. Client-centered therapy training should also be

considered, since incarcerated thinkers already provide its three prerequisites: *genuineness* (i.e., honest communication with disadvantaged prisoners), *unconditional positive regard* (i.e., non-judgmental acceptance of disadvantaged prisoners), and *accurate empathy* (i.e., understanding of disadvantaged prisoners' points-of-view).

In addition, incarcerated thinkers should be formally taught how to coordinate group therapy sessions, judiciously selecting participants, setting goals for the group, initiating and maintaining the therapeutic processes, and promoting group cohesiveness while preventing interactions among group members that might be psychologically harmful. They should learn how to better assist group members in describing their problems, in trading their viewpoints, in sharing their experiences, and discussing coping strategies, all while providing acceptance and emotional support for each other.

Furthermore, it is known that individuals are more likely to respond productively to mental health facilities that are staffed by a higher proportion of people who share their cultural background. Also, clients' satisfaction with therapy tends to be greater when they are treated by therapists or counselors with whom they can identify. This is no less true for the imprisoned. For these reasons, among others, implementation of Intermediate Care Programs in North Carolina should be complemented with the training of incarcerated thinkers in basic therapy practices. This would enable them to more effectively and efficiently recognize symptoms of mental deficiencies and social disabilities, and work to treat illnesses and ailments whose manifestations outsiders simply are not privy to. It would also equip incarcerated thinkers with the dexterity necessary to refrain from (and compel others to refrain from) making certain prisoners' conditions or disorders worse, not to mention indirectly raising institutional morale by helping to civilize and socially enrich the entire prisoner population. Such innovations could potentially give people like Dr. Toch and other experts access to the psychosocial and dialogical channels that currently exist exclusively between incarcerated thinkers and other prisoners.

Dr. Toch is a blessing to the field of penology, and coupling the input of incarcerated thinkers with that of correctional officers and mental health practitioners will undoubtedly contribute to his legendary legacy.

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